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INDICATION FORM

Application Number	09/469,399
Filing Date	December 22, 1999
First Named Inventor	David E. Edgren et al.
Title	Gastric Retention Dosage Form Having Multiple Layers
Art Unit	1616
Confirmation Number	4929
Examiner Name	Frank I. Choi
Attorney Docket Number	ARC 2885 R1

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FEB 23 2004

I hereby appoint:

Practitioners associated with the Customer Number: 30766

OR

Practitioner(s) named below:

Name	Registration Number

as Associate Attorney or Agent of Record to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

The address associated with Customer Number: 27777

OR

The address indicated below:

Firm/Individual			
Address			
Address			
City	State	Zip	
Telephone	Fax		

I am the:

Applicant/Inventor
 Assignee of record of the entire interest. See 37 CFR 3.71
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)
 Attorney/Agent of Record

SIGNATURE OF Applicant, Assignee of Record, Attorney, or Agent

Name	<u>Samuel E. Webb</u>	Registration No.	44,394
Signature	<u>Samuel E. Webb</u>		
Date	<u>2/10/04</u>	Telephone	650-564-5106

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.

Submit multiple forms if more than one signature is required, see below.

*Total of _____ forms are submitted.